

Hoyt (E. F.)

Internal Hemorrhoids.



Eugene F. Hoyt, M.D.



THE almost universal mistake of the general practitioner, when consulted as to any rectal condition, is to render his service upon the patient's simple statement, without making any examination. The injustice of this habit falls upon the physician himself, creating a negative sentiment, that tends to subdue the spirit of advancement, so urgently required in the management of this important difficulty. A man not only defaults regarding his patients' welfare, but is decidedly unjust to himself, when, from mere rumor, he renders an opinion expressed in the composite phrase—"A case of hemorrhoids," which has become an almost



automatic diagnosis, while the true pathology goes on its way, unmolested by the intercession of any remedial result. A method of procedure, dictated by an experience involving many thousand persons, consists of first getting the history of each individual case as presented, never building conclusions upon general knowledge, but always grasp the truth from an ensemble picture as told by the sufferer, and verified by examination. In other words, treat each case as though it were the only one in existence, and upon conclusions alienated from past experiences.

The class of ailments covered by the caption of this effort refers, almost exclusively to that form of hemorrhoidal manifestations known as true variety. Owing, no doubt to the absence of valves in the

vessels carrying the return circulation at this point, an inevitable engorgement encourages the formation of this disease, which constitutes a mass of delicate vascular tissue as the result of an unequal pressure, or more particularly a local lethargy. That location outlined by a circular zone, embracing about one inch of the lower extremity of the rectum, is the perennial point of activity, devoted to the hemorrhoidal predisposition or tendency, receiving constant encouragement from the ceaseless impact of a slower or struggling circulation. Little by little, and year by year, this pathological influence weaves its intricate textures of fine blood vessels, overcoming all protests of vital resistance, until the cumulative results have reached the climax of permanent formation, and then there

exists a well developed case of protruding hemorrhoidal tumors. In almost every instance this protrusion does not occur, except at times of evacuation, when from true necessity the growths become everted outside the sphincter muscle, so as to yield the right of way to the regular physiological function. But when, from any reason, either on account of excessive developments, or a weakened condition of the muscle itself, they insist upon prolapsing at other and awkward occasions, then the patient is gifted with an array of experiences, that vexes the constancy of his vital energy and the continuity of a well balanced disposition. One of the above mentioned types will be presented for consideration, in almost every instance, when the physician is requested to remedy a rectal difficulty. So do

not at this juncture write a stereotyped prescription upon the hearsay evidence given by the patient, but investigate thoroughly the true condition as it really exists. No reliable understanding can be reached, unless the prolapsed feature is created—if not already existing—which can be easily made possible by the free injection of warm water, when the extrusive efforts of the patient bring the mass of tumors into full view; at this point there occurs quite a critical question to decide, for many complications are possible, and all protrusions are not by any means hemorrhoids.

A polypus, hypertrophy of the rectum, proplapsus proper, are all liable to be mistaken for this condition, as I can enumerate many instances where this misfortune has really occurred.

This explains, in a measure; why the method of treatment I am about to describe, is so often liable to receive discredit; unadapted conditions, from pure inexperience, being treated as hemorrhoids. The plea for individualization can never be too emphatic in surgery or medicine, for if the premises are not sustained, the result is always humiliating. Unless the surgeon is employing the crude and wholesale Whitehead operation, which does not require any thought or fine lines of differentiation, this caution can not be repeated too often, and if it is not observed, all efforts in this direction will prove a sorry burlesque.

The true form of this disease, known in current parlance as "Internal Hemorrhoids" can be easily determined, as it consists of

vascular tissue exclusively, and is always situated within the sphincter muscle, holding sway over the more or less famous space known as the hemorrhoidal dominion, though it may often be found in a state of constant protrusion, the supporting energy, from various reasons, being unable to perform its function. When the preliminaries have all been adjusted, as to exposing the tumors and deciding the character of the case, a prompt and uneventful method of treatment consists of injecting the smallest tumor first by means of hypodermic syringe, with a ten per cent solution of carbolic acid, made with distilled water and Pond's Extract, equal parts. Introduce the needle so the point will rest at about the centre of the growth, pressing upon the piston gently, so as to void but a drop or two at first,

waiting for the diffusion, which is indicated by a slight show of paleness upon the surface, resting the application when the general light color is attained, not pronounced, but just enough to prove the distribution uniform. This is accomplished without any pain, beyond a wave like sensation, denoting a feeble knowledge of something being done. *If there is a marked pain, you have invaded some tissue foreign to the range of this treatment.* The muscle acting as a temporary clamp, confines the solution to the tissue influenced, the restriction lasting long enough to insure a fixed union of the acid with its affinity, hence the safety of its action as to involving any adjacent structures. Anything injected into living tissue travels in the direction of the least resistance, and as this disease is extremely

delicate in its construction, while the deeper parts are more dense, the element of danger is entirely banished, barring the want of skill in execution. When the first application is accomplished as indicated by well defined manifestations, the needle should be withdrawn suddenly, and the parts instantly covered by the pressure of absorbent cotton, always held in the left hand. By a gentle force upon the cotton, a reduction can usually be made, but if the growths are of unusual size, the better plan is to force one tumor back at a time—using the right hand while the left continues the protection afforded by the cotton held in position, thus preventing hemorrhage and undue bulging. In those cases where there is reason to suspect the protrusion will occur spontaneously, cotton saturated with vaseline

must be introduced after the reduction, so as to prevent the accident of strangulation. This must be pressed just beyond the action of the muscle, else a spasmodic feature will be created and undue suffering.

In about one week from time of first treatment, another can be repeated, and so on until all is accomplished.

In some tumors of large size a second application may be necessary, the first being insufficient. Where there is a passive outlook the method can be used twice a week, yet for an inexperienced operator, once a week would be better judgment.

The manner of holding the syringe consists in grasping the point where the needle joins the barrel with the end of the thumb and index finger, allowing the shoulder of the piston-rod to rest in the

palm of the right hand. By an easy motion of contraction the result is obtained without any apparent effort, avoiding all redundancy of maneuvering that clogs the execution. In from one to four weeks every case of this type can be easily and permanently overcome, without resort to the hippodrome methods that require hospital facilities and weeks of confinement in bed.

Under the influence of judicious application, the disease will surely disappear, beginning from the instant of first interview, promptly diminishing by the process of atrophy, or more graphically, by chemical electrolysis, yielding its location to the resolution of original conditions as though it had never existed. When the recovery has advanced so there is no more protrusion under any

circumstances, it is not safe to discontinue, for a considerable portion remains that is never observed from the outside. By means of a slide speculum, the entire field should be cleared of all remnants, injecting into the tissue while insinuated into the fenestrum. This will require a needle about four inches in length. When this is done, the result will be lasting, with due attention to all functional actions that bear upon this subject.

There is a condition frequently encountered by the general physician that proves a great annoyance, and that is hemorrhage without any tangible explanation for its occurrence exhibited only at times of each movement. If the rectum is exposed by means of a speculum, a point will be discovered, which appears as though the

mucous membrane had been removed rendering the surface incapable of holding the circulation under pressure of the function.

This can be easily healed, by forcing the point of the long needle under the place at fault, injecting a few drops of the solution which will end the matter at once.

The above epitome is presented in the hope of creating an increased interest in the subject, looking to the better welfare of the afflicted, who have so long been subjected to unnecessary and irrational methods. With an experience based upon an exclusive practice in this specialty for nearly a quarter of a century, I feel that the profession should give the matter a broader attention.









GILBERT & BEITLER  
PRINTERS AND PUBLISHERS  
1380 BROADWAY  
NEW YORK.